



Olmstead Advisory Committee: Updates on the **CBAS Stakeholder Process**

Presented By: DHCS and CDA

Date: November 12, 2013



Presenters

**Department of
Health Care Services
(DHCS)**

**Jane Ogle, Deputy Director
Health Care Delivery Systems**

**California
Department of Aging
(CDA)**

**Ed Long, Deputy Director
Long Term Care and Aging Services Division**

October 23, 2013, Kick-Off

What we covered:

Look Back – 2011 to Present

Stakeholder Process Overview – What, When, Who, How

Key Issues and Considerations

Questions and Answers

Summary

Kick-Off Objectives

Provide parties interested in the CBAS Program:

- An overview of the upcoming CBAS Stakeholder Process
- An understanding of why DHCS and CDA are conducting the Stakeholder Process

Recap: 2011 - Present

Darling v. Douglas Settlement

- Timelines
- Key Provisions

California Bridge to Reform (BTR) 1115 Demonstration Waiver

- CBAS Special Terms and Conditions (STCs), Standards of Participation
- Incorporation of Darling v. Douglas Settlement Terms
- CBAS as a Medi-Cal Managed Care benefit

Deadlines and Waiver Renewal

Deadlines	CBAS STCs in the BTR 1115 Waiver Set to Expire 08/31/14
Need to Renew CBAS Waiver STCs	CBAS is a key component of Long Term Services and Supports (LTSS) under the Coordinated Care Initiative (CCI)
	CBAS is an important Home and Community-Based Service (HCBS) that provides alternatives to institutional care

Stakeholder Process Overview

What

When

Who

How

DHCS and CDA will convene a series of Stakeholder meetings regarding the Community-Based Adult Services (CBAS) program beginning in October 2013. The framework for this Stakeholder process is as follows:

Objective: To develop future direction for CBAS (post Settlement Agreement) and prepare for amending the CBAS portion of the federal 1115 Waiver, set to expire in August 2014.

Stakeholder Participants: Representatives will include, but are not limited to:

- ❖ Managed Care Plans
 - Medical Directors
 - Care Managers
- ❖ Providers and Representatives
 - Providers
 - California Association of Adult Day Services (CAADS)
 - ADHC Association of Los Angeles (ADHCA)
- ❖ Advocates and Consumers
- ❖ Legislative Staff
- ❖ State Departments

Where: Sacramento - DHCS and/or CDA; and via Webinars and telephone

Anticipated Stakeholder Process:

1. **Webinar: Kick Off October 23, 2013, 3:00-5:00pm**
Objective: Review framework and identify participants.
2. **Workgroup Meetings: Four Meetings: December 3, 2013; January 9, 2014; February 4, 2014, March 6, 2014 (2:00-5:00pm)**
Objective: Recommend essential CBAS components and make recommendations for Waiver revisions.
3. **Post-Workgroup Progress Updates: Dec. 2013 – Apr. 2014**
Objective: Following Workgroup meetings, all interested parties will be provided with progress updates, with the opportunity for input.
4. **Webinar: Stakeholder Workgroup Outcomes, April 10, 2014, 3:00-5:00pm**
Objective: Share Work Group recommendations, solicit broader stakeholder input, share timeline, and prepare for Waiver renewal.

Additional Information:

- ✓ Periodic Olmstead Committee Updates.
- ✓ Stakeholder Meeting facilitator: Bobbie Wunsch, Pacific Health Consulting Group.
- ✓ Anticipated number of workgroup participants is approximately 20.

What the Stakeholder Process Is

A series of meetings/webinars and opportunities for interested parties to provide DHCS and CDA with:

- Input regarding the future direction of the CBAS Program
- Recommendations for amending the CBAS Special Terms and Conditions (STCs) in the BTR 1115 Waiver

When Meetings and Webinars Will Take Place

October 2013

23

CBAS Stakeholder Process
Kick Off Webinar, 3-5pm

December 2013

3

Stakeholder
Workgroup Meeting, 2-5pm

January 2014

9

Stakeholder
Workgroup Meeting, 2-5pm

February 2014

4

Stakeholder
Workgroup Meeting, 2-5pm

March 2014

6

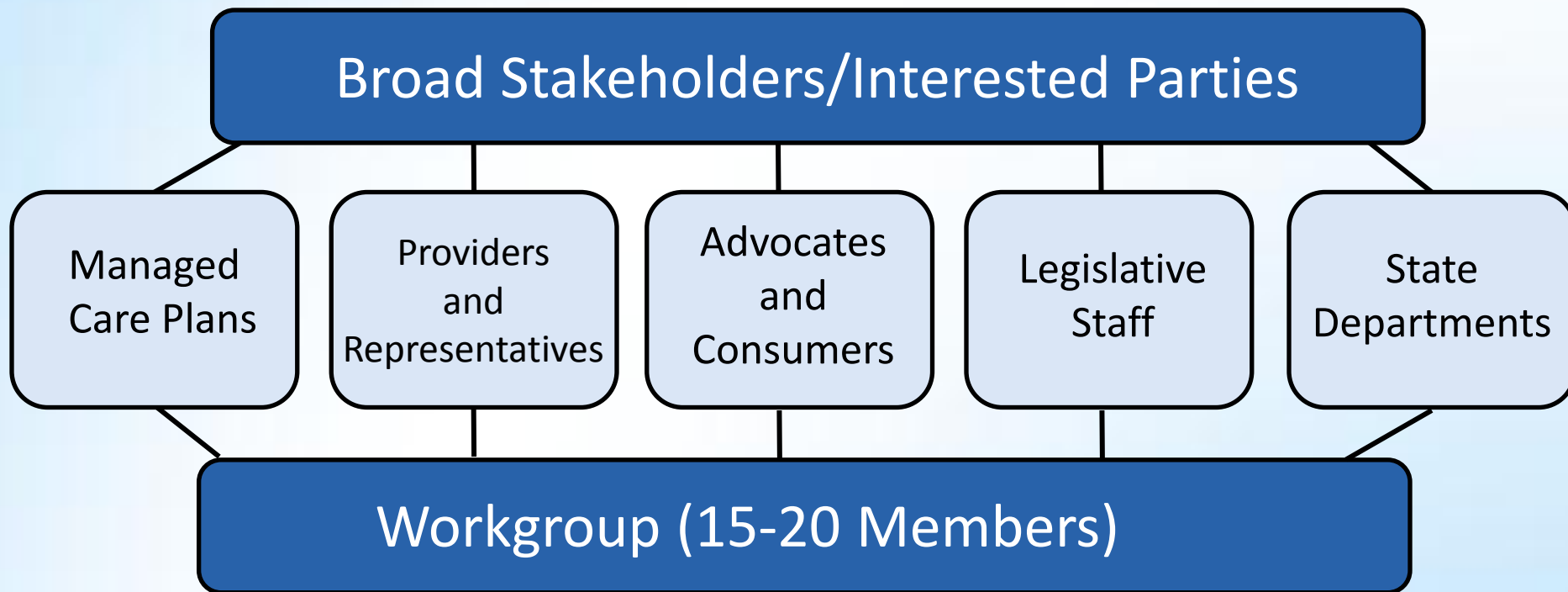
Stakeholder
Workgroup Meeting, 2-5pm

April 2014

10

CBAS Stakeholder Process
Summary Webinar, 3-5pm

Who Will Participate



How the Process Will Work

Workgroup Meetings:

- Workgroup members attend and actively participate during meeting
- Meetings are open – interested parties can attend or phone in. Registration information will be posted with agenda and meeting materials prior to each meeting
- DHCS and CDA will provide progress updates after each webinar/meeting and invite written feedback. *(Please note that public input may be provided anytime via mail, email or phone)*
- Feedback will be summarized and shared via CBAS Stakeholder webpage

How the Process Will Work (cont.)

- DHCS and CDA will provide updates to the Olmstead Advisory Committee at their meetings and to the legislature after each workgroup meeting.
- Workgroup will make recommendations for Waiver amendments and future CBAS initiatives after final meeting

How the Process Will Work (cont.)

At the conclusion of the Workgroup meetings:

- DHCS and CDA will conduct a webinar at the end of the Workgroup meetings (April 10th) to summarize Stakeholder input and recommendations
- DHCS and CDA will work with CMS on CBAS STC amendments and Waiver renewal process

Where To Get Updates and Give Input

Written Feedback	California Department of Aging CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834-1992 cbascda@aging.ca.gov
CBAS Stakeholders on the Web	www.aging.ca.gov
Phone	(916) 419-7545

Key Issues and Considerations

How Much Change ...

- Is needed or wanted?
- Can be accomplished on the Waiver renewal timeline (i.e., Waiver submission to CMS by May 2014)

What Should Be Addressed ...

- Short-term
 - Medium-term
 - Long-term
- ... and how

Key Issues and Considerations (cont.)

ADHC → CBAS Transition

- Which Waiver STCs applied to ADHC transition and may no longer be relevant?
 - Transition face-to-face (F2F) provisions
 - Enhanced Case Management
 - ADHC participant protections and noticing

CBAS Fully Transitioned to Managed Care

- How should CBAS work in the context of how managed care works?
- How should CBAS work with other LTSS under CCI?
- Which current CBAS requirements – e.g., *eligibility determination processes, contracting, staffing, etc.*, make sense in the managed care environment?

Q & A



Wrap Up

What we've covered today

Where we're heading tomorrow

Thanks for Participating!